



SPONSOR OF CENTER FACILITY MONITORING FORM

11

Three monitoring visits are required per year, at each facility. Two unannounced visits and one announced visit are required. One meal service observation is required during an unannounced review. *Reference 7CFR 226.16(d)(4)(iii).*

Sponsoring Organization Name [Main Site or Administrative Office]: _____

Center Name: _____

Address: _____ **City** _____ **Zip** _____

Date: _____ **Monitor's Arrival Time:** _____ **Monitor's Departure Time:** _____

Type of Visit: ____ **Announced** ____ **Unannounced**

1. Was a meal service observed? ____ Yes ____ No ____ Breakfast ____ Lunch/Supper ____ Snack

2. Number of children served: _____ Number of caregivers present: _____

3. Complete this charts for the meal observed (if applicable):

Food Component	Foods Served	Food Temperature	Amount of food prepared
A. Milk as a beverage			
B. Vegetable / Fruit Serve 1 or more at Breakfast Serve 2 or more at Lunch/Supper Optional: Serve 1 or more at Snack			
C. Bread and Grains			
D. Meat and Beans or Alternate			
E. Additional foods			

4. Check applicable box to evaluate each item:

	Yes	No
A. Did meal or snack meet meal pattern requirements?		
B. Temperatures: Freezer temp is _____. Refrigerator temp is _____. Are these temps within range? 0° F. or less 33 - 40° F.		
C. Are tables and food preparation surfaces sanitized before and after use?		
D. Dry Storage - clean, food items covered & stored 6" off of the floor?		
E. Daily Records - Meal Participation Records - Are children counted at the time of meal service? Are the Meal Participation Records current through today's date? Are Food Production Records or Food Delivery Receipts complete through yesterday? Attendance Records – Does attendance justify today's meal counts?		
F. Enrollment Data – Are all children enrolled in the CACFP? Are all Income Eligibility Form (IEF) on file, if required? If No is checked, plan of correction must be listed on the next page.		

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G. On Lines 1 thru 5, use the Meal Participation Record. Review the most recent week that has meals claimed for 5 days in a row. Record the date and the total number of meals that were served on each day. Next, check the Sign In/Out Sheets for these same dates and write the number of children who were signed in at the time of these meal services.

Indicate with a checkmark or an "X" if **YES** the meal counts appear reasonable when compared to the Sign In/Out Sheets. Indicate with a checkmark or an "X" if **NO** if the meal counts do not appear reasonable when compared to the Sign In/Out Sheets.

Date	Meal Participation Records Totals	Sign In/Sign Out Sheet Totals	Yes	No
1. _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	_____	_____
2. _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	_____	_____
3. _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	_____	_____
4. _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	_____	_____
5. _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	B _____ am Sn _____ L _____ pm Sn _____ Sup _____	_____	_____

If you have indicated NO, please provide an explanation of the difference between the Meal Participation Record and the Sign In/Out Sheets. Also, indicate the date when you will conduct the required follow up review.

Follow Up Review Date: _____

B=Breakfast Sn=Snack L=Lunch Sup=Supper

5. List any problems observed with the meal service or required record keeping. What corrections will be made and in what time frame? If there were problems, monitor must revisit within 2 weeks and document the follow-up findings.

Monitor's signature: _____ Date: _____

Facility personnel signature: _____ Date: _____

6. A follow up review of this site must be performed: ____ Yes ____ No

Follow Up Review conducted on (Date): _____

Corrections made for this facility include:

Monitor's Signature: _____ Date: _____

Upon completion, a copy of this form must be sent to: *(Sponsors must keep original signed forms on file.)*
 MT CACFP
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